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ANATOMICAL FEATURES OF SOME TRIANGLES OF HUMAN NECK

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Fascial-aponeurotic structure of neck is characterized by complexity of topographic relationships and anatomical structures variability that can be crucial while performing surgeries on neck. Despite long-term comprehensive study of the morphology of neck structures, contentious issues still remain uncertain, for example classification of neck fascia and anatomical roofs of neck triangles.

The aim of the research was to study and analyze the latest data on topography, morphology and anatomical nomenclature of neck triangles and fascia in surgical aspect.

Question of cervical fascia classification hasn't got a certain common answer in topographical aspect. The most summarized one includes division on superficial fascia, deep fascia (with subdivisions on superficial, medium and prevertebral layers) and visceral or intracervical (pretracheal and buccopharyngeal layers) fascia. There are many spaces of the neck that are defined by the fasciae and most of them, such as the parotid and submaxillary spaces, are important for otolaryngologists, general and maxillofacial surgeons.

The submandibular triangle is demarcated by the inferior border of the mandible above and the anterior and posterior bellies of the digastric muscle below. The largest structure in the triangle is the submandibular salivary gland. Layerwise structure of this region includes skin, superficial fascia enclosing platysma muscle and fat and the mandibular and cervical branches of the facial nerve. The skin should be incised 4 to 5 cm below the mandibular angle; cervical branch of the facial nerve lies just below the angle, superficial to facial artery.

For the purpose of the lingual artery ligation in case of bleeding from the tongue or before some operations on its boundaries, the lingual triangle (of Pirogov) must be defined; it locates within the submandibular triangle and is demarcated by lingual nerve above and the anterior and posterior bellies of the digastric muscle below.

MORPHOLOGICAL FEATURES OF THE UTERUS IN WOMEN OF CHILDBEARING AGE

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Relevance. One of the important problems of modern medicine, are abnormalities of the female reproductive system that can be a cause of infertility, miscarriage, premature birth and other pregnancy complications. Most often there are such anomalies as a unicorn or bicorn uterus. What, according to literature data among all congenital anomalies of the reproductive system 5% are bicornuate uterus.

Goal. To study the morphological characteristics of the uterus in women of childbearing age, and to trace the connection of this anomalies during pregnancy and delivery.

Materials and methods. Protocol analysis of ultrasound examination of small pelvis organs in women of childbearing age.

Results. We conducted a retrospective analysis of protocols 134 ultrasonic research of organs pelvic organs in women, of which 13 selected belonging to women of childbearing age (18-45) with bicornuate uterus. Out of 13 women with bicornuate uterus complaints about the inability getting pregnant had 5 people (38%).

Conclusions. So, bicornuate uterus fairly common anomala the female reproductive system. This anomaly was the cause of infertility in 5 of the surveyed patients. 7 women gave birth with a bicornuate uterus. This anomaly may be accompanied by the following morphological changes (asymmetry, change of position of the uterus, changes echostructure).